



What works? What fails?

FINDINGS FROM THE NAVRONGO COMMUNITY
HEALTH AND FAMILY PLANNING PROJECT



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Navrongo Health Research Centre

DYING FOR HEALTH

This issue of *What works? What fails?* is one in a series of interviews conducted with Paramount Chiefs to hear their impressions of the Community Health and Family Planning Project

Would you say the Navrongo Health Research Centre (NHRC) has had any impact on health in your paramountcy? (If yes): Could you explain by giving examples?

In fact the work of NHRC has come to save us from a lot of illnesses. One, children used to die a lot from measles. Since the coming of NHRC, that has reduced a lot. Two, women used to die here during delivery. These days, we don't see anything like that. So NHRC has helped us a lot.

Did anyone from the NHRC come to talk to you about the Community Health and Family Planning project (CHFP)? (If yes) Can you describe

the first such occasion when someone from the NHRC came to talk to you about the CHFP?

The NHRC came and told my elders and I that they were bringing a nurse here so we should provide a building for her. Everybody was happy so they came out in numbers and built the nurse's quarters.

A study has indicated that the ancestors are not averse to family planning. As a traditional ruler, do you agree with this conclusion? Why do you agree or disagree with this conclusion?

What the ancestors said is true. Family planning is good and we accept it. Why we hesitated in embracing the concept was the fact that our children were dying of measles. But when the NHRC came and this stopped, we took family planning. We need to plan our families because if you have children and you cannot feed them, school them or send them to hospital when they are sick, then it is better they were not born.

Some workers report that there is community apathy about the CHFP. Do you agree with this assertion? (If yes): What have you done to address such issues?

Yes, it happens here in Naga. The issue is that some do not still understand the work of the nurse. So we have people here like that. We have tried in our own way to address this but we have also reported this attitude to the NHRC and we tell them issues related to that. Apart from that, I have been talking to my people during meetings that they should try and stop that. We have realized that sometimes women sneak to the nurse and have their family planning. When the husband hears about it there is a problem with the nurse. Perhaps the men are apathetic about the CHFP because of the fear that the nurse's residence will only be used to provide family planning for their wives without their consent. Sometimes the men feel the nurse is probably there to do family planning for the women so why should they take part in constructing quarters where their wives



would sneak and go for family planning? But attitudes are changing as men get to know more about family planning and understand better the nature of the nurse's work.

Are there any aspects of health that you think have not been addressed under the CHFP? (If yes): What do you think should be added to the programme?

None that I can immediately think of.

Have Health Volunteers (YZ/YN) and Community Health Officers (CHO) operating in your paramountcy had any impact on health? (If yes): What do you think has been the most important impact of the CHO and the volunteers living in the community?

Since the nurse came here, our health problems have reduced drastically. The only problem is the means of transport to carry seriously sick people and women in labour to the Navrongo hospital which is about 40 kilometres away. There are also no communication networks to call for assistance in emergencies. These are some of the issues that can be looked at in relation to facilitate the nurse's work. Generally speaking what we have benefited a lot from not only the nurse but also other health workers.

Your sub-district has a Health Centre. Did you really need CHOs and health volunteers in your paramountcy?

In the first place, the siting of the sub-district clinic at Biu is wrong. Biu is closer to Navrongo and can easily get down to Navrongo hospital. We are far from Navrongo and we have no means of transport. The nurse is the only means of health service in the community so we need her here.



The results of the CHFP have been used to develop a national health policy. Generally, how do you feel about your contribution towards this development?

We are happy that we have been part of the concept that the Ghana government is adopting. We even realize that doctors from other parts of the country come here to learn from us and sometimes you bring them to Naga here for durbars. So we are proud about that.

Send questions or comments to: What works? What fails?

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